40600090283

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LLC

Office Use Only



300079676533

09/13/06--01012--005 **125.00

06 SEP 13 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: It Bette	r Be, LLC		
	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Raina Mon	roe		
Talla Mon		Name of Person)	
Shev Finar	ncial Services		
		Firm/Company)	
P.O. Box 3	358653		
		(Address)	
Gainesville	e, FL 32635		
	(City,	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Raina Monroe		at (352) 375-840	0
	of Person)	(Area Code & Daytime T	- _
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the	words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")	
ARTICLE II	- Address:			
The mailing a	ddress and street address of	of the principal office of the Limited Lia	ability Compan	y is:
Principal Off	ice Address:	Mailing Address:		
1590 Woodland	Avenue	1590 Woodland Avenue		
Winter Park, FL 3	32789	Winter Park, FL 32789		
				
(The Limited Liab business entity w	ility Company cannot serve as its of the an active Florida registration.)	gistered Office, & Registered Agent's with Registered Agent. You must designate an indivi- of the registered agent are:	dual or another SECRETALLAH	enga i
		Name	13 ASSE ASSE	
	1590 Woodland Ave	enue	me R	
	Florida	street address (P.O. Box NOT acceptable)	FLO :	(Texas
	Winter Park	FL 32789	- 2 2 2 3 3	- Change
	City	y, State, and Zip	Ď ∵	
	named as registered agent	and to accept service of process for the a ated in this certificate, I hereby accept th		as

ggerred Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	mhor
"MGRM" = Managing Me	moer
MGRM	Jeffrey S. Turner
	1590 Woodland Avenue
	Winter Park, FL 32789
MGRM	Donita C. Turner
	1590 Woodland Avenue
	Winter Park, FL 32789
MGRM	Richard Lance Walker, Jr.
- WOTON	39733 Lake Norris Road
	Eustis, FL 32736
MGRM	Patricia Walker
	39733 Lake Norris Road
	Eustis, FL 32736
(Use attachment if necessa	ry)
TIF V. Effective data if oth	ner than the date of filing: (OPTIONAL)
	ate must be specific and cannot be more than five business days
I days after the date of filin	
o days after the date of him	5-7
REQUIRED SIGNATUR	tE:
	A

that the facts stated herein are true.)

Jeffrey S. Turner

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)